

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17552

State File No.

Registrar's No.

425-

FILED MAY 17 1944

Primary Registration District No. 1000

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Joseph's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
(Specify whether
In this community
years, months or days)

3. (a) PRINT FULL NAME Eva Frances Sanderson

3. (b) If veteran, name war _____ 3. (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Deahl Sanderson 6. (c) Age of husband or wife if alive 43 years
7. Birth date of deceased Feb. 25, 1905
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
39 2 3 hr. min.

9. Birthplace Meeker Oklahoma
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Own Home

12. Name Sam McDowell
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Sue Morris
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Deahl Sanderson
(b) Address 6316 So. 3rd St.
Burial (b) Date thereof May 1, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Auburn Cem.

18. (a) Signature of funeral director Clark Mortuary
(b) Address 5025 King Hill Ave.
19. (a) May 1, 1944 (b) R. S. Hargis
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 6316 So. 3rd St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 28 year 1944 hour 6 minute 25 p. M.
21. I hereby certify that I attended the deceased from Jan 10, 1944, to April 28, 1944;
that I last saw her alive on April 28, 1944
and that death occurred on the date and hour stated above.
Immediate cause of death Pneumonia Duration 100s

Due to Myocardial Infarction shock

Due to Sarcoma Rr Knee

Other conditions (Include pregnancy within 3 months of death)

Major findings: Stated above
Of operations _____
Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(c) Means of injury _____
23. Signature Gustav Han (M. D. or other) MA
Address 1111 S. 3rd St. St. Joseph, Mo. Date signed 4/29/44

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1233

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Evela Clark

Licensed Embalmer No.....

4238

P. O. Address.....

St. Joseph, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.